

2021 Student Summer Research Program Application

Monday, May 17th – Friday, July 23, 2021

Name _____ Hometown _____

Current Mailing Address _____ Permanent Mailing Address _____

Home Phone _____ Cell Phone _____

Fax # _____ E-mail _____

Emergency Contact: Name & Phone Number _____

Permanent Resident or U.S. Citizen? Yes No

Student UFID _____

Undergraduate Institution _____

Undergraduate Degree(s) _____ Undergraduate Major(s) _____

Are there any areas of research that you find particularly exciting? Yes ____ No preference ____

If yes, what type of research?

Along with this application, please attach the following:

- A curriculum vitae or resume
- An official transcript. By signing the FERPA agreement below, you can agree to allow the Office of Research to collect your transcripts directly from the UFCD Office of Admissions.
- A letter of recommendation from a research mentor, science instructor or someone knowledgeable with your research interests or experiences.

For general information, regarding the areas of research currently conducted within the College of Dentistry, please [click here](#):

RETURN ALL FORMS VIA MAIL or FAX by **FRIDAY, MARCH 26, 2021** to:

Denise Webb

Administrative Support Assistant II

College of Dentistry

Office of Research

University of Florida

Gainesville, FL 32610-0405

Phone: 352-294-5440

Fax: 352-294-5441

Email: DN-Office-of-Research@ad.ufl.edu

CONSENT FOR ACCESS TO STUDENT INFORMATION
UFCD OFFICE OF ADMISSIONS AND FINANCIAL AID

Name of Student (Last, First, Middle Initial): _____	UFID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their student information. For additional information, visit UF's FERPA Information page at <http://www.registrar.ufl.edu/ferpa.html> or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

I understand that the granting consent to release non-directory information is not a pre-condition to acceptance into University of Florida College of Dentistry (UFCD) or any of its programs.

Record(s) to be disclosed:

I give my permission for the UFCD Office of Admissions faculty or staff to release the following non-directory information to the person(s) listed below:

- Any information on my AADSAS and UFCD secondary applications including but not limited to my grades, courses taken, exam scores, letters of evaluation, personal statement and reported experiences
- Any information from my interview, including that which I disclosed during the interview and the interviewers' evaluations
- My photograph or video taken on my interview day or at a UF/UFCD sponsored event
- The name and amount of each scholarship that I have received
- Other (please specify below)

Recipient and Purpose of disclosure:

- To UFCD Summer Research Program for purposes of facilitation of SRP application process
- To UFCD DMD-PhD Program for purposes of student evaluation and facilitation of application process
- To student's parent or guardian for purposes of advisement
- To student's advisor for purposes of advisement
- To UF for purposes of developing promotional materials for the college or university
- To UFCD Office of Development and Alumni Affairs for purposes of identifying scholarship recipient to award donor
- Other (please specify below)

Student's Phone (Optional): _____ Student's Email: _____

Student's Signature: _____ Date: _____

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.